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THE LAW OFFICES OF
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ANDREW D. FORTNEY, PH.D.

ALEC B. PLUMB*

*REGISTERED PATENT AGENT

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FAX: 1 (571) 273-8300

DATE: 10-31-2006

TIME: 5:50 PM

WITH CONFIRMATION
 WITHOUT CONFIRMATION

RE: APPLICATION No. 10/751,172

FILED: December 30, 2003

I hereby certify that this document and all documents listed below are being transmitted via facsimile to
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By:

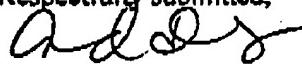


Jennie Henton

SUBMITTED HEREWITH FOR THE ABOVE-CAPTIONED APPLICATION:

- Transmittal Form
- Fee Transmittal Form
- Petition for Extension of Time
- Credit Card Payment Form
- Amendment and Request for Reconsideration (20 Pgs.)
- Information Disclosure Statement (2 Pgs.)
- Form PTO/SB/088
- Cited Reference (11 Pgs.)

Respectfully submitted,



Andrew D. Fortney, Ph.D.; Reg. No. 34,600

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PTO/SB/21 (07-08)

Approved for use through 09/30/2008. OMB 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

39

Application Number	10/751,172
Filing Date	December 30, 2003
First Named Inventor	Jae-Won HAN
Art Unit	2812
Examiner Name	Lee, Kyoung

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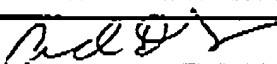
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ENCLOSURES (Check all that apply)

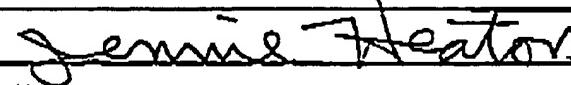
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none"> - Fax Transmittal Cover Sheet - Credit Card Payment Form - Form PTO/SB/08B - Cited Reference
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	The Law Offices of Andrew D. Fortney, Ph.D., P.C.		
Signature			
Printed name	Andrew D. Fortney, Ph.D.		
Date	10-31-2006	Reg. No.	34,800

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Jennie Heaton	Date	10-31-2006

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (07-06)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
630.**Complete If Known**

Application Number	10/751,172
Filing Date	December 30, 2003
First Named Inventor	Jae-Won HAN
Examiner Name	Lee, Kyoung
Art Unit	2812
Attorney Docket No.	PPWDS-560DS (formerly OPP 031047 US)

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METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEESFee DescriptionEach claim over 20 (including Reissues) Fee (\$)
50 Fee (\$)
25Each independent claim over 3 (including Reissues) Fee (\$)
200 Fee (\$)
100Multiple dependent claims Fee (\$)
360 Fee (\$)
180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
• 20 or HP =	0	x	= 0

Small Entity Fee (\$)
50 Fee (\$)
25

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
• 3 or HP =	0	x	= 0

Multiple Dependent Claims Fee (\$)
0 Fee (\$)
0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
• 100 =	/ 50 =	(round up to a whole number)	x	=

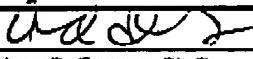
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

 Fee (\$)Other (e.g., late filing surcharge); Submission of IDS Fee (\$180); Petition for 2-Month Extension of Time Fee (\$450.) Fee (\$)

630

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	34,600	Telephone 559-432-6847
Name (Print/Type)	Andrew D. Fortney, Ph.D.		Date 10-31-2006	

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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